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jc916 U.S. PTO

PATENT APPLICATION
Attorney's Do. No. 2705-128

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL	MAILING LABEL NO. EL432977575US DATE OF DEPOSIT: SEPTEMBER <u>29</u> , 2000
I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.	
<u>EHREN RHEA</u> (SENDER'S PRINTED NAME)	<u>[Signature]</u> (SIGNATURE)

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09/676147
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Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Peter Michael Gits and Dale J. Seavey entitled FULLY DISTRIBUTED, SCALABLE INTERFACE, COMMUNICATION SYSTEM

This application is a [X] continuation, [] divisional, [] continuation-in-part of prior application Serial No. 60/223,824 filed August 8, 2000.

Enclosures:

- [X] Specification (pages 1-20); claims (pages 21-22); abstract (page 23)
- [X] 3 sheets of informal drawings
- [X] Declaration or Combined Declaration and Power of Attorney
 - [X] Newly executed
 - [] Copy from a prior application (37 CFR 1.63(d))
 - [] Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - [] Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- [] Power of Attorney
- [X] Assignment with cover sheet

- ☐ Certified copy of priority document:
☐ Information Disclosure Statement with Form PTO 1449
☐ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment

CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$ 690.00
Total Claims	13-20		x \$18.00 =	
Independent Claims	4-3	1	x \$78.00 =	78.00
Multiple Dependent Claim Fee			x \$260.00 =	
TOTAL FILING FEE				\$ 768.00

[X] A check in the amount of \$808.00 to cover [X] filing fee (\$768.00) and [X] assignment recordal fee (\$40.00) is enclosed.

[X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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